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## SPECIAL ARTICLES

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# The Public Health Journal

VOL. XVI.

TORONTO, NOVEMBER, 1925

No. 11

## Hieronymus Fracastorius and His Works on Syphilis

BY THE HONOURABLE

WILLIAM RENWICK RIDDELL, LL.D., D.C.L., ETC.,

*President, Canadian Social Hygiene Council.*

**J**EROM (or Girolamo) Fracastoro, or Fracastorio (in French Jérôme Fracastor), better known by the Latinized form of his name, Hieronymus Fracastorius, in 1530 launched upon the world the name Syphilis for a disease that was the horror of his time and is still the greatest killer of the human race. The word appeared in writing for the first time in his poem, *Syphilidis sive de Morbo Gallico libri tres*, published at Verona in that year.

He described the disease and gave his theory of its cause, as well as his treatment, in that poem. His latest and most matured views, however, he gave some years later (1546) in his prose work, *De Contagionibus, Morbisque Contagiosis et eorum Curatione libri tres*.

It is proposed to give a translation of these, both prose and poem, not so much for their practical value as for intrinsic historical and literary interest.

Fracastorius was born at Verona, the birthplace of Catullus and Pliny, in 1483, the son of Paulus-Philippus Fracastorius and Camilla Mascarella, both of old and noble families<sup>1</sup>.

He is said to have been born with an occluded mouth, the lips being so closely united as to require to be separated with a razor; his biographers tell of an alarming experience of his infancy—when a mere baby (*quum pene infans et vix cunis egressus*), one day as he was in the arms of his mother, a sudden tempest sprang up and a flash of lightning came, killing her on the spot, but leaving the babe unharmed. This was considered an omen sent by Providence to indicate his future eminence.

Sent by his father to Padua for his education, he applied himself to his studies with great assiduity. He had a most retentive memory, as well as a most acute intellect; and he mastered with ease and thoroughness the whole realm of knowledge as then understood—the Classics, Belles-lettres, Music and Poetry on the one hand and Mathematics and Medicine (then and for long after, kindred sciences) on the other, while Philosophy he made his own. The philosophy and science of the day included much which we now know, or at least believe we know, to be groundless; but if Fracastorius paid much attention to Astrology—as he certainly did—it was the fault of his times and not his own. The masters of science in those days—as witness men like Cardan—were devout believers in that pseudo-science; and, in any case, it bore to Astronomy much the same relation that Alchemy did to Chemistry.

Moreover, it is said that in after life, Fracastorius' knowledge of Astrology stood him in good stead, as it brought him into favour with the Pope Paul III. A General Council of the Church had been called, which met at Trent in Germany; but the Pope and Emperor Charles V became estranged, and the former decided that it would be better to remove the Council to an Italian city. He applied to Fracastorius, who consulted the stars, and "did not fail to find there the signs of a near approaching contagious disease exactly in the City of Trent." The Fathers, alarmed at this dire presage, decided to meet at Bologna, according to the wish of His Holiness. "This anecdote," continues his biographer, "is perhaps a fable fitted to the facts, for it is well known that authors frequently like to give an air of romance to history, the fable having charms more piquant than the simple truth. However that may be, it is certain that there was held at Bologna, the ninth session of the Council, April 21, 1547, to June 10, 1548."<sup>3</sup>

At Padua, he lived in familiar friendship with many of the greatest scholars of the day, and soon became known as a most profoundly learned physician. He is said to have practised his art gratuitously, having sufficient private means.

War broke out with Venice, and the College at Padua was temporarily destroyed. Fracastorius, having been informed of the death of his father, was about to return to Verona, when Livianus, the commander of the Venetian Forces, a patron of learning, invited him to a chair in the Academia Forojulensis established in Portus Naonis.

The General also invited two of the friends of Fracastorius to be his associates.

He soon began to publish verses on current events, which were received with great approbation. When Livianus was defeated by the French and taken prisoner to Abdua, Fracastorius returned to Verona,



where he found his patrimony almost destroyed by fire and rapine. He had married during his father's lifetime and while he was a student of Padua; he lost two sons, whose death he mourned in a beautiful Latin Elegy; the third, named after his own father, Paulus-Philippus, survived him and had a great share of his father's genius.

Fracastorius was of somewhat small stature, but strongly built, broad shouldered, round faced, with black hair and seemly beard (*barba decenter honestatus*), with dark eyes, and nose short and upturned "from too long observing the stars" (*naso, abductissimo contemplandis stellis, contracto simoque*).

He lived a quiet, unambitious life at Verona, occasionally practising his profession; he had, however, a country place at Cafè,<sup>3</sup> at the foot of Mount Baldo, some twenty miles from Verona, and overlooking Lacus Benacus (now Lago di Garda), to which he retired from time to time as, of old, Catullus to Sirmio, not far distant.

In the summer of 1521, when the plague was raging in Verona, and Fracastorius had gone to his Villa at Cafè, he wrote his most celebrated work, *Syphilidis sive de Morbo Gallico libri tres*. His particular friend and fellow student, Pietro Bembo, afterwards Cardinal, to whom it was dedicated, advised him to revise it; he followed the advice, and in 1530 he published it at Verona. Bembo sent a copy to the celebrated Sannazarius, who had produced a Latin poem, *De Partu Virginis*,<sup>4</sup> by twenty years' labour. Sannazarius had no hesitation in declaring Fracastorius' work superior to his own—and no one who has waded through *De Partu Virginis* will be inclined to dispute the judgment in this regard of its author.

A better critic, the celebrated Joseph Scaliger, agrees in high estimate of the merit of Fracastorius. He declares him to be the best poet in the world next to Vergil, and best in everything else.

These encomia are well deserved; the poem, in dactylic hexameter, the heroic or epic metre in Latin as in Greek, is clear and flowing; the Latin is chaste and well chosen and the narrative natural and unaffected. Perhaps the hypercritical might find fault with the *caesura*—or possibly the *caesura* may not have such great importance as is attached to it by modern editors, commentators and grammarians.

Fracastorius died at his country place, August 6, 1553; he was stricken with apoplexy when at dinner. It is said that while he was lying fully conscious of the fatal character of the stroke, but having lost the use of speech, he, after the application of many healing herbs to his nose, tried, by repeatedly raising his hand to the top of his head to indicate to those about him that they should apply immediately to his head the cupping glass (*cucurbitula*), a remedy he remembered he

had himself applied with success to a Nun of the Order of St. Bernard at Verona; but his servants did not understand him and went on applying one thing and another until, about nightfall, he gently expired. He was buried at Verona; his statue, with that of his friend, Andreas Naugerius, cast in brass, was erected at Padua by their common friend, Joannes Baptista Rhamnusius; and two years later the City of Verona set up a statue of him in marble. Many eulogistic obituary poems were written of him, one by Julius Caesar Scaliger, entitled *Arae Fracastoriae*; that of Adamus Famanus, of Verona, is given the palm by many critics. I copy this Ode for its beauty and appropriateness:—

Longe vir unus omnium doctissimus,  
Verona per quem non Marones Mantuae,  
Nec nostra priscis invident iam saecula,  
Virtute summam consecutus gloriam  
Iam grandis aevo hic conditur FRACASTORIUS.  
Ad tristem acerbae mortis ejus nuntium  
Vicina flevit ora, flerunt ultimae  
Gentes, perisse musicorum candidum  
Florem, optimarum et lumen artium omnium.

The one man the most learned of all, by reason of whom Verona envies not Mantua her Vergils nor our present ages the earlier, having achieved the height of glory by his virtue, Fracastorius, in his age lies buried here. At the sad news of his unhappy death, the neighbouring shore wept, wept the most distant peoples, the white flower of the Muses had died and the luminary of every sublime art.

His known works are as follows:

De Sympathis et Antipathis rerum; liber unus.

De Contagionibus, Morbisque contagiosis, et eorum curatione; libri tres.

De causis dierum criticorum, Libellus.

Naugerius, sive de Poetica; Dialogus.

Turrius, sive de Intellectione; Dialogus.

Fracastorius, sive de Anima; Dialogus.

De Vini Temperatura; Sententia.

Syphilidis, sive de morbo gallico, libri tres.

Homocentricorum, sive de Stellis, liber unus.

Josephi, libri duo emendati. Poema inchoatum.

Alcon, sive de cura canum venaticorum; Ecloga.

Carminum variorum, liber unus.

A controversial work is also accredited to him, *Del Crescimento del Nilo, Risposta al discorso di Giov. Bapt. Rhamusio*. This I have not

seen in any of the editions of Fracastorius' works; it is, however, printed in the first volume of Rhamusius' Travels. It contains Fracastorius' theory of the yearly rise of the Nile, of no interest or importance here.

The poem *Syphilidis* was speedily republished at Venice and has been frequently republished since—the Venice edition of 1574 is often spoken of as the best.

It does not seem to have found a French publisher until 1796, when Lucet issued a very beautiful edition (in 12 mo.), accompanied by a translation into French and a Life of Fracastorius. In England, the first edition was that of Charles Peters in 1720; this was a reprint of the original 1530 Verona edition, a copy of which Peters had received from his friend, the celebrated Dr. Richard Mead, to whom he dedicated his edition. This was published by Jonah Bowyer, St. Paul's Churchyard, London. I make use of the very convenient Geneva edition, 1637, *Ex Typis* Jacobi Stoer, of the complete works of Fracastorius, two volumes in one (12 mo.); also the Lucet and Peters editions of the *Syphilis*. The latter copy is the kind gift of Dr. John W. S. McCullough, Chief Officer of Health for the Province of Ontario.

There have been many translations of the Poem into the modern languages—into Italian very early, into French (prose) in Lucet's edition, 1796, for the first time; Barthélemy published in 1851, an adaptataion, *Syphilis, Poëme en quatre Chants*; into English, the well known poet, Nahum Tate, afterward Poet Laureate, translated it in 1686, and it was published by Jacob Tonson and dedicated to Dr. Hobbs, Surgeon to James II. I know of only two copies in America of the work in separate form<sup>a</sup>—one in the Library of the Surgeon General at Washington in a dilapidated condition, the other in the Library of the College of Physicians and Surgeons in Philadelphia, the gift of our own Sir William Osler—*dulce decus nostrum*—of this I have a photostat copy which I owe to the kindness of my friend, Dr. W. W. Keen, the Nestor of American Surgery and veteran of three wars. Tate's translation is also to be found in Volume 5 of Dryden's *Miscellany Poems*, London, 1716; a copy of this now before me belongs to the Library of Congress, Washington, D. C.<sup>1</sup>

There is a prose translation of the Poem published by the Philmar Company, St. Louis, Missouri, 1911; this is of little value, neither being literal nor accurately conveying the connotation.

I have consulted all these translations, but owe nothing to any of them; I am wholly responsible for what follows, and have made the translations as nearly literal as the idioms of Latin and English permit.

I have no translation of the *De Contagionibus, Morbisque Contagiosis et Curatio eorum*.<sup>a</sup>

For the better understanding of Fracastorius' real opinions, however, the prose work will be given first.

WILLIAM RENWICK RIDDELL.

Osgoode Hall, Toronto,

November 13, 1925.

#### NOTES

(1) There is a *Life of Fracastorius* in Latin prefixed to the Geneva edition of 1637; somewhat abridged, this is translated in Peters' edition of 1720; a rather different account is prefixed to Lucet's Paris edition of 1796; *Chalmers' Biographical Dictionary* has a more complete account than I have seen elsewhere. I have also consulted the *Encyclopaedias*.

(2) *Life* prefixed to Lucet's edition.

(3) We find this sometimes spelled "*Caphi*," and often "*Casi*."

(4) This poem we are told "obtained him the highest compliments from the learned of his age and two honorary briefs from two Popes; and certainly contains many brilliant and highly finished passages; but it brought his religion into some suspicion. In a poem on the miraculous conception we find the agency of the Dryads and Nereids employed, the books the Sybils substituted for those of the prophets.

. . . . Nor is the sincerity of his respect for the Holy See less suspicious than his religion, for in such editions of his Works as have not been mutilated are several caustic epigrams on the vices and follies of the Popes." *Chalmers' Biographical Dictionary*, 1816, Vol. XXVII, pp. 143, 144. All of which I endorse, adding that most of the work is dreary—at least to a modern reader.

(5) With a hideous Frontispiece.

(6) The copy in Philadelphia, the gift of Sir William Osler, is of the original edition of 1686—the title page reads:

"SYPHILIS,

OR

A POETICAL HISTORY OF THE FRENCH DISEASE.

Written

In Latin by FRACASTORIUS,

And now Attempted in English by N. TATE, London.

Printed for Jacob Tonson, at the Judge's Head in Chancery-lane, near Fleet Street, 1686."

On the opposite page, we read:

"LICENSED,

December 3, 1686, RO. L'ESTRANGE"

(Of course the noted Roger L'Estrange.)

A dedication in iambic pentameter (English) of 30 verses to "Mr. Hobbs, Surgeon to His Majesty," follows. Then a translation in the same metre of 87 pages. The work is a well printed small 8vo.

The edition in the Surgeon General's Library at Washington is apparently later—the title page reads:

"SYPHILIS,

Written (in Latin)

By that Famous POET and PHYSICIAN,

FRACASTORIUS.

English'd by MR. TATE."

This edition is thus described:

Bound in calf; size of covers,  $4\frac{1}{2}" \times 7\frac{1}{8}"$ ; size of pages,  $4\frac{1}{2}" \times 6"$ ; no date; 3 blank leaves; title page; The translator to Dr. Hobbs 2 leaves; Life of Fracastorius 3 leaves; To his friend 2 leaves; A Poetical history of the French disease pp. 1-84. On inside of cover is written in ink "Scarce & Curious. Tate was Poet Laureate 1689. This Poem originated the name syphilis." On fly leaf is pencilled the following note: "An edition (probably the first) of this translation was published by Jacob Tonson in 1686, with full title page, and license of the censor. This copy from p. 1 to p. 84 is identical with it, having evidently been printed from same type. The preliminary matter, although the same, has been printed from type different in arrangement. From the catch-words on the page preceding p. 1 something would seem to be missing. Tate's translation of Fracastor's poem was afterwards included in Dryden's Miscellany Poems, 1716." (This note is said to be by Dr. Robert Fletcher, Principal Assistant Librarian, Library of the Surgeon General's Office.)

The above I owe to the kindness of Lieutenant Colonel James M. Phalen, Librarian, Army Medical Library, Washington, D. C.

(7) The title page of this last mentioned Volume reads as follows:

"The FIFTH PART of Miscellany Poems,

Containing Variety of New TRANSLATIONS of the ANCIENT POETS, together with several ORIGINAL POEMS,

By the Most Eminent Hands, Published by MR. DRYDEN, LONDON.

Printed for JACOB TONSON at Shakespear's Head over-against Katharine Street in the Strand, MDCCVI."

The volume is a 12 mo., pp. 356, with 8 pages of CONTENTS.

The poem by Tate is on pp. 332, sqq.—and has the title page as follows:

"SYPHILIS,  
OR  
A POETICAL HISTORY OF THE FRENCH DISEASE.

Written in Latin by FRACASTORIUS.

And now Attempted in English by N. TATE.

Printed in the Year MDCCXVI

(8) Since this article was written, the Hon. Martin Burrell, Librarian of Parliament, has sent me a volume discovered in the Library of Parliament at Ottawa: *Collection Choisis des Anciens Syphilographes*. This contains a monograph FRACASTOR . . . . Traduction et Commentaires par Le Dr. Alfred Fournier . . . . Paris, 1869. The editor has the Poem in full with a fairly faithful translation in French—he also has a translation of part of the *De Contagionibus*, not too literal and not wholly accurate.



# Generalized Public Health Nursing

By FLORENCE H. M. EMORY,

*Chairman, Public Health Section, Canadian Nurses' Association*

**A**S an introduction to a discussion of generalized public health nursing, I should like to take the liberty of considering for a few brief minutes the place of the public health nurse in the public health programme, and to suggest certain requirements which are considered essential to the effective administration of any plan of public health nursing, be it generalized or specialized.

During the last fifty years our conception of the possibilities of public health work has entirely changed. Until the latter part of the 19th century preventive medicine confined itself to those activities which made possible better sanitary conditions. With the discovery by Pasteur of the germ theory of disease, the emphasis was placed on isolation, in an endeavour to prevent the spread of various types of communicable disease. With the dawn of the twentieth century a very definite problem confronted the public health administrator. He found it necessary to make known to every individual of his community not only the methods by which disease could be prevented, but the fundamental principles underlying the promotion of health. It was in the third stage of public health development—that of health education—that the public health administrator called upon the public health nurse and utilized her as the best agent for carrying to the homes of the community the message of health. In a recent article, entitled "Public Education in Health", Sir George Newman of London says: "The mere increase of knowledge of preventive medicine, or the ways and means of personal hygiene and well being, can do nothing of itself to prevent disease and safeguard health, unless it be understood, accepted and practised. It must filter down through all sections and conditions of society. It must become the common property of the people". It is the duty and privilege, then, of the public health nurse to act as a connecting link between public health science and the individuals of the community.

And now as a background for our consideration of generalized public health nursing let us have a clear understanding of the public health nurse from two standpoints, that of *training* and *function*.

*Training*—It is generally conceded by those who have given consideration to the educational equipment of this worker, that one year's post-graduate training in public health nursing must be added to the

basic training received in the hospital, if she is to have an adequate knowledge of the principles underlying the prevention of disease and the promotion of health. To this end post-graduate courses have been established in six Canadian Universities. We are happy to include the Universities of McGill and Montreal in that number.

*Function*—The public health nurse is essentially a health teacher. It is not enough that she should have knowledge concerning the laws of health; she must know how to impart that knowledge. Then, too, she must avail herself of every opportunity to teach personal and community hygiene.

Having come to an understanding concerning the necessary training and function of the public health nurse, let us consider one type of organization for public health nursing, namely, the generalized plan. When we speak of generalized public health nursing we think of a plan whereby the nurse meets, either directly or indirectly, all of the public health nursing needs of a small district. She undertakes to do two or more branches of that work. Strictly speaking, there are two types of generalized public health nursing. In the one instance the work in a given locality is completely generalized; that is, a combination of bedside nursing on a visiting basis, and organized on educational public health work is done. The only example of this plan known to the writer is a nurse in a small town or rural community, where an attempt is made to do all branches of public health nursing, including bedside care, prenatal and infant hygiene and school nursing, etc. The other type is generalization within a given organization; that is, where each nurse is given a small district and undertakes to meet the various health needs of the families of her district. There are many examples of this type of generalized work, an outstanding one being the Division of Public Health Nursing of the Department of Public Health of Toronto.

In a generalized programme the nurse usually has at least three avenues of approach to the individuals of her district, namely, through the school, the clinic and the home. Let us consider the possibilities of these.

### 1. *The School.*

Because of our compulsory school attendance laws, it is here that the health worker is able to obtain the most complete cross section of her community; and not only that, the school affords an unequalled opportunity to teach health to those who are in a formative period, to those who will be the parents of the nation. The public health nurse, then, is not only assisting in the protection of the health of the school child, but is devoting an increasing percentage of her time to the promotion of the ideals of health. Time will not permit a discussion

of the relation of the public health nurse to the grade teacher in the school health programme; suffice it to say that in the near future we hope that all grade teachers will receive training in health education in the normal school, and will be responsible for classroom teaching in health as well as other subjects of the curriculum. The public health nurse will act in an advisory capacity, stimulating an interest in health on the part of the teacher and advising her of up-to-date material on health matters. The nurse will still find opportunity to give individual and group instruction in health, but will be pre-eminently the connecting link between the school and the home. Through frequent home visits she will help to create hygienic conditions which will make it possible for children to put into practice health habits taught at school.

### 2. *The Clinic.*

Through various types of neighbourhood clinics, such as prenatal clinics, child health clinics and pre-school clinics, the public health nurse has added opportunities to teach mothers hygienic living regarding themselves and their children. Follow-up visits are made when, with the equipment at hand, health teaching is done in the home through instruction and demonstration.

### 3. *The Home.*

We have seen, then, that the school and clinic are definite avenues of approach to the home. Those who believe in a generalized programme invariably look upon the family as the health unit, and emphasize continually the contact with individuals in the home. In her home visiting, the effective public health nurse will ever remember that each visit must be purposeful, that she must be forceful in presenting the health need and sympathetic in her attitude. The patient is looked upon as an individual, having both physical and mental needs. But not the patient alone receives consideration—one of the strongest arguments for the generalized plan is that the nurse is free to meet the health needs of the entire family and not those of the patient only. The activities of the public health nurse in *school* and *clinic* are in themselves valuable, but are doubly worth while when they contribute to a better understanding of and closer contact with the homes of the community.

To insure successful administration of generalized work certain requirements are essential:—

1. Well trained and adequate personnel.
2. Supervision.
3. Co-operation.

### 1. *Personnel.*

Whether generalized work be undertaken in a large or small community the director or superintendent of the work should be a nurse directly responsible to the Medical Officer of Health. If she be employed by a large organization she should be given the same responsibility and power as the heads of other divisions. In no small degree is the effectiveness of the work determined by the ability of the one chosen to be its administrator. It is impossible for any public health nurse to carry on a generalized programme successfully if she be responsible for too large an area. It is difficult to suggest the maximum number for whom she should be asked to assume responsibility, because the health needs of families and localities differ. Given an adequate staff, the work actually accomplished will depend largely upon the training and personality of the nurses employed.

### 2. *Supervision.*

Those experienced in the generalized plan agree that supervision is essential. In a large organization which is de-centralized, the administrative supervisor is responsible to the Director of the Division for the public health nursing of the district assigned to her. Her duties are varied and exacting. She is responsible for the quality of work done, and what is *very* important—the morale of her staff. An efficient supervisor will encourage initiative and originality in her nurses—she will indicate weakness but emphasize accomplishment—she will deal with each nurse individually; and her ultimate aim will be through the maximum development of each member of her staff to make possible an effective and whole-hearted service. In generalized work it is equally necessary that another type of supervision be provided. The special supervisor is responsible for the efficiency and development of the branch of service in which she has specialized—prenatal and infant hygiene, school nursing, communicable disease or mental hygiene, etc. Such supervision is necessary, so that the staff nurse meeting all the health needs in the home may be kept in touch with recent developments and up-to-date methods and technique of the many specialities. Two types of supervision do not imply dual control; the staff nurses must be responsible to the administrative supervisor. The special supervisor is obliged to work through the administrative supervisor in order to gain desired results in the work of the staff. In the final analysis the executives of any organization justify their existence only as they facilitate the service of the staff nurse.

### 3. *Co-operation.*

The nurse doing generalized work has so many duties to perform that her relationship with other health workers and with all health and

social agencies should be harmonious and purposeful. Her work may be judged to some extent by the degree to which she is able to persuade others to help her; that is true of her relationship to teachers, social workers, volunteer workers and to all organizations which exist for the betterment of the community. A realization of the health and social problems of her entire district will usually result in the formation of plans to meet those needs in which many workers will have a part.

And now to be concrete may I outline briefly a day spent by a public health nurse doing generalized work in an urban community.

Her first duty in the morning is to report at a public or separate school in her district. She interviews the principal, giving him oral or written reports on urgent cases. She then goes to the Health Service room and prepares to receive children who may be sent to her by the teachers. All children absent two days or more are inspected carefully, particular attention being paid to the arms, hands and neck and to the throat. Those who are physically fit to remain in the school are permitted to return to their class rooms. It may be that a few will have to be recommended for exclusion. Some may present symptoms of communicable disease; others may have pediculosis, or still others may not feel well enough to remain in school. Such children are sent to the principal's office and a slip signed permitting them to go home. A few children may need to have dressings done, or minor skin conditions treated. These are cared for under the supervision of the school medical officer. The nurse endeavours to reduce treatments to a minimum by teaching the mothers when possible how to give the necessary care at home. She never forgets, however, that the doing of a treatment may have educational value. She can at least teach the child the need for asepsis. When all the children have been dealt with she proceeds to a class room, knocks at the door and asks permission to inspect the pupils. Each class is examined at least once a month, when health habits are checked, defects and corrections noted, and symptoms of communicable disease dealt with. At the close a short health talk is given on the need for bathing, hygienic clothing, or diet adequate in quality and quantity. Proper care of the teeth, long hours of sleep, and fresh air by day and night are emphasized. It may be that the school Medical Officer will visit the school the latter part of the morning to make complete physical examinations; if so, the nurse will assist him by weighing and measuring the children and testing the eyes. After leaving the school she may have time to make one or two home visits on her way to the district office; perhaps to a school child who is ill, or to a mother who needs assistance in caring for her baby. Upon reaching her district office some time may be spent in recording the



visits of the previous afternoon. The lunch hour is welcomed as a time of relaxation, and a short period following lunch may be used in a general discussion of problems or the interchange of recent experiences. Following the noon hour, difficult cases may be discussed with the administrative supervisor. In the meantime, by motor delivery, a folder containing urgent visits for the afternoon has arrived at the office. A short time is spent recording and planning visits for the afternoon. It may be that she will leave the district office to conduct a prenatal clinic or a child health clinic; or she may visit a tuberculous patient to arrange for sanitarium care and advise the examination of contacts. She may visit a prenatal case, giving health instruction and making arrangements for hospital care at confinement or for medical and nursing care in the home. She may visit a school child to urge the correction of physical or dental defects found by the school doctor or the dentist. She may go to a home where the registration of a birth has told the story of the arrival of a new baby. Health instruction is given and the mother advised to attend the clinic, which has for its object the keeping of well babies well. And so the afternoon passes. At 4.30, if her work is finished, she may go off duty.

For the past few months the senior pupil nurses of the training schools in Toronto have been given one month's experience in public health nursing. I insert a report which one of them wrote about a day she spent with the public health nurse doing generalized work.

"The month of April this year has been contrary to the saying, 'April showers bring May flowers'. It has been an ideal month for the work in the great out-of-doors; bright sunshiny days that make one glad Spring is here. Little folk and delicate folk, like the flowers that have been tucked away for the Winter, can come out and bask in the warm sun and fresh air, which is so necessary for the growth and development of both.

The day which I am about to relate here was one of those ideal Spring days, which fills one with inspiration and enthusiasm. It being the re-opening of school, teachers and children were again returning to resume their work; some from enjoyable vacations; some less fortunate had perhaps been ill. The public health nurses, too, although they had not been idle during the school holidays, returned to their school duties. After the usual routine preparation of the Medical Service room we were ready to work by 8.45 a.m. First of all we had many re-admissions. Some of these pupils had been absent since before holidays, due to some communicable disease or for many other reasons. We had few exclusions. One child was sent home to be seen by the school doctor, as she was suspected of whooping cough. Several children were given



treatment for small abrasions, cuts, etc. Next came class inspections for the Survey, which is done following long holidays to detect any communicable diseases; each school being covered during the week following the re-opening of school. Four classes were inspected, and any children having suspicious sore throats or rashes were asked to report at the Medical Service room, where they were more closely examined, and, where necessary, excluded.

The afternoon was spent in visiting. Our first call was to a Maternity Home, where we were shown through the entire home. It was found to be well kept, and at that time there were two mothers and two babies all contented and happy in their quiet surroundings. Our next call was to see a pre-school child of  $4\frac{1}{2}$  years who had had nine fractures of the leg. He no sooner recovered from one fracture and started to walk than the bone would break again. The nurse inquired as to the doctor and the treatment he was receiving, and found that everything that would help was being done. We then made a prenatal call, where the mother was advised regarding her diet, clothing, fresh air, etc., and invited to attend the prenatal clinic. A birth registration call was next. The baby was doing well, and the mother seemed sensible and appreciated the advice offered her, and promised to come to the child welfare centre to have the baby weighed. We then visited a Boarded Home. The lady here had always been very successful with the babies entrusted to her, and this one was not varying from the rule, but was growing steadily. Several other calls were made, but on account of the weather the mothers were out with their families. This completed our day's work, which I felt was very profitably spent.

Many and varied are the tasks of a public health nurse; from some she may see little result, from others she may see no present result, but promise for the future. Even with its discouraging factors and hard work, it has its bright side; and from my month's experience with a public health nurse I believe it to be a very satisfying branch of the nursing profession."

The oft discussed advantages and disadvantages of Generalization and Specialization are well known to all, and need not be rehearsed on this occasion. Although the present trend seems to be toward generalization, all who consider the question sanely and thoughtfully will concede that the form of organization for public health nursing in any community must be determined by the particular need of that community and by the resources at hand to meet that need.

The public health nurse, then, is one worker in the field of preventive medicine endeavouring to assist in the protection and promotion of

health. The method by which she accomplishes her task will depend upon the needs of the locality which she serves.

In closing may I quote from an address delivered by Dr. Haven Emerson, Professor of Public Health Administration of Columbia University:—"The aim of all public health work is not only to reduce death and illness rates, but to increase the number of mothers who are spared to care for their families, and to increase the percentage of grandfathers and grandmothers who live to enjoy the declining years of life—we aim to have the *family* maintained."

## Scarlet Fever Immunization and Its Effect Upon An Epidemic

By JAMES MILLER, M.D.

THE bacteriology, epidemiology and immunology of Scarlet Fever has been studied with renewed interest during the last few years. It is not our aim to discuss this phase of the subject, but rather to give our experience with the Dick Test and Active Immunization against Scarlet Fever in the city of Kingston.

Scarlet Fever has been endemic in this city for the last four years. It is estimated that 2,000 children of school age in the city have had Scarlet Fever during that period. The disease varied greatly in virulence. In 1922 and 1923 many cases were so mild that they escaped medical attention entirely. It is noteworthy, however, that over 2% of admissions to the City Isolation Hospital for Scarlet Fever died. The situation became more serious during January and February of 1925, when there was approximately one case per diem reported to the Medical Health Officer. The time was ripe for action, as the citizens were alive to the dangers of the epidemic.

Professor Fitzgerald, Director of the Connaught Laboratories, in association with the Provincial Board of Health, provided us with diluted toxin for Dick Testing, and concentrated toxin for active immunization. A free Clinic was opened at the General Hospital and the Hotel Dieu. Inoculation was commenced on February 24th.

Notices were published by the Medical Officer of Health in the two local papers to the effect that all children who never had Scarlet Fever should apply for Testing and Immunization. The number of children who appeared during the first evening after school hours was so large that it was thought advisable to both test and inoculate with toxin. Practically all those who appeared on the first day were found to give a positive Dick Test. It was, therefore, decided to omit the testing henceforth and to proceed at once with the inoculation. It is realized that this is not the proper scientific method for dealing with the situation, but the exigencies of the time prevented the adoption of the more elaborate procedure. Some children presented themselves during the incubation period of the disease; hence several cases of Scarlet Fever occurred in inoculated individuals.

In all, 1,155 children were inoculated, and in no single case was a severe reaction reported. The doses of toxin given were as follows:—

Age	1	2	3
0-3	100 skin doses	200 skin doses	200 skin doses
3-12	100 "	200 "	400 "
Adult	200 "	400 "	1000 "

The immunization of the nursing staff of both hospitals was also undertaken. It was soon found that the reaction in the case of adults tended to be much more severe. Three nurses developed pronounced scarlet-like rashes with temperature and malaise.

#### EFFECT ON THE EPIDEMIC

The following table shows the number of cases for the first five months of 1924 and 1925 in the city of Kingston.

	1924	1925
January	29	30
February	29	38
March	28	30
April	31	12
May	28	12

The decrease in number of cases follows immediately on the commencement of inoculation.

We recognize now that the Dick Test should be carried out on all children prior to inoculation with Scarlet Fever Toxin, and that the inoculations should be continued until the skin test is negative.

## The Hospital as a Public Health Centre

Opening Remarks in Discussion at the Meeting of the Ontario Hospital Association, Academy Building, Toronto, Ontario,

Thursday, October 15, 1925,

By R. E. WODEHOUSE, O.B.E., M.D., D.P.H.,

*Secretary, Canadian Tuberculosis Association, Ottawa, Ontario.*

Before actually entering upon the subject set for me, I think it is important:

- (a) To decide exactly what we mean when we speak of a Health Centre. Are we all agreed that this is the most satisfactory name to apply to the particular agency we have in mind?
- (b) What is to be the attitude of the Health Centre, or whatever name we choose to apply, towards the practising medical man? Is it to be an aid for him in the diagnosis of different ailments reported by his patients? Is it to see only patients referred by the physicians? Is it to refuse any treatment whatever, unless requested by the physicians referring the cases? In other words, is it religiously to refrain from any tendency to alienate the patients from their family doctors?
- (c) Is the executive of the hospital, either the superintendent or the governing committee, enthusiastic towards the project, and does there exist sympathetic and constructive co-operation between these executive people and the Health Department of the community?

These three things settled, the following may be said in favour of "Why should a hospital house a Health Centre?":—

- 1st. Because a modern city divides its medical costs for the year into two portions practically equal in amount—\$1.50 a head a year for prevention of disease and \$1.50 a head for the care of its indigent sick.
- 2nd. Because the practice of prevention of unnecessary deaths is not now limited to efforts to control exanthymatous diseases. The three diseases killing the largest number of mature people, that is of the ages 20 to 45 years old, are:—
  - (a) Tuberculosis (both Male and Female).
  - (b) (In women) Childbirth and its complications, and
  - (c) Heart Diseases (both sexes) . . . (covered by studies by Homer Folks, N. Y. State Charities).

3rd. Because the hospital has all the technical equipment available to aid in examination for the detection and treatment of all types of ailments. In addition, the expert medical men of the community are available, and daily associated with the hospital.

The hospital seems to me the natural centre around which to build up any community medical service. The people already have the mental attitude which causes them in medical trouble to seek assistance there. It should afford the hospital management and medical staff a mellowing contact, and broaden their outlook into that of preventing debility as well as remedying damage already done.

The standardization of hospital records and practice should assure perfect service in the clinics, in so far as professional care and practice is concerned.

It should allow the hospital to win the approval of many more citizens than that circle now coming within the knowledge of its good service, simply through aid given to a friend at a critical moment of life and death.

It should grant nurses-in-training an opportunity for district follow-up work and study of social factors in regard to clinic cases.

It should foster the practice of Nationalized Medicine along the lines the medical men prefer, or effectively limit this tendency of development through the practice of the hospital accounting department, which checks up clinic attendants as to their ability to pay for medical advice at the offices of practitioners.

In my opinion, whatever service deemed desirable in a community could be best procured, from the point of view of expert attendance for the patient, and from an administrative angle, at a standardized hospital.

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## Radio Talks

Prepared for the Canadian Social Hygiene Council and delivered at  
C.K.C.L. Broadcasting Studio, Toronto

### The Prevention of Diphtheria and Scarlet Fever

By DR. A. L. MCKAY and DR. DONALD T. FRASER

THIS is the 17th of a series of talks broadcast by CKCL, under the auspices of the Canadian Social Hygiene Council. In the first of these talks Dr. Gordon Bates, the Secretary of the Council, explained to his listeners what Social Hygiene means. He said "The aim of social hygiene is to create a finer, happier, nobler race." If we are to have a finer and happier race surely this means we should bend our energies to the prevention of the spread of these two major diseases of childhood of which at the present time we have such a thorough knowledge. I propose in the next few minutes to give briefly what we can all do to help prevent the spread of these diseases throughout the community.

Let us first consider what are the symptoms of diphtheria as would be seen in the average case. Diphtheria was so named because of the membrane or skin that formed in the nose or throat of the patient. Diphtheria is taken from the Greek word meaning skin of an animal. When the patient is taking the disease, there is a feeling of chilliness, aches and pains in the limbs and back, and sore throat with difficulty in swallowing. In young children there may be vomiting and convulsions. The membrane may form in the throat or nose or in the larynx, or in a combination of these places; and following this the patient is more acutely ill from the absorption of the poison called diphtheria toxin from the membranes into his system. There are many complications following the disease that may occur, running ears, throat paralysis, heart disease, etc. We see then that diphtheria is a serious disease, sometimes resulting in the death of the little patient; and we certainly should do all in our power to prevent the children from contracting it. Fortunately for this disease we have a cure, namely, diphtheria antitoxin. As far back as 30 years ago doctors realized that it was the poison that was absorbed from these membranes that caused the death of the patient. If our own bodies could not manufacture this antitoxin fast enough and in sufficient amounts the poison would get the upper

hand and win the fight. So over 30 years ago diphtheria antitoxin was first made by using our old friend the horse. Healthy horses only are used in the manufacture of antitoxin, kept under ideal conditions. These animals are made to build up within themselves the ability to withstand the diphtheria toxin in a marked degree; and part of their blood that is purified and standardized is used for the manufacture of antitoxin. Diphtheria antitoxin is one of the few absolute specifics for disease that medical men possess. No one should neglect to have his children given the benefits of this great cure if they are so unfortunate as to contract the disease.

But let me here stress a point that is most important in the use of antitoxin. Antitoxin is of greatest value in the early stages of the disease. When your child contracts a sore throat and feels indisposed call in your doctor immediately, for if it is diphtheria the antitoxin should be given right away. If you wait 24-48 hours the antitoxin will not act nearly so well. Too many children's lives have been needlessly sacrificed because the disease has gone too far before the doctor has been called and the antitoxin given too late. We have in antitoxin one of the greatest boons to society, but it rests with the public to see to it that a physician is called early and that antitoxin is promptly used, for it is in this promptness that the great value of antitoxin lies.

Governments soon saw the great value of antitoxin in saving the lives of their future citizens. In Ontario the Provincial Department of Health has been most generous. The Department has arranged that diphtheria antitoxin shall be distributed absolutely free to any doctor in Ontario for use in any of his patients. This means that nobody rich or poor shall lack the benefit that antitoxin will give them. This antitoxin is of the highest quality, being made at the Connaught Laboratories of the University of Toronto under ideal conditions. We all remember last winter reading of the thrilling experience of rushing the antitoxin to Nome, Alaska, by dog sleigh and aeroplane when an epidemic was raging. No such catastrophe could occur in Ontario where, through the foresight and generosity of our Government, every doctor has a supply of antitoxin on hand or within easy reach.

But we must next consider how the spread of the disease from one to another can be checked. The germs of diphtheria do *not* come from damp houses and bad sewers; they come from the patient's throat. It is for this reason that the patient must be isolated from all others, except the nurse and doctor, until the nose and throat are free from the germs of diphtheria. All clothing and articles handled by the patient should be carefully sterilized by boiling, and other members of the family kept at home lest they spread the disease still further. Another factor that helps in the spread of the disease is the occurrence of carriers. A

carrier is a person who is not suffering from diphtheria but is carrying the germs in his nose or throat for weeks or months. These carriers have natural antitoxin which protects them from the disease. These people are quite unaware that they are spreading the disease, but the fact remains that the discharges from their nose and throat are highly infectious and will set up the disease in susceptible people who have no natural antitoxin.

It is as a result of these conditions that, although the number of people dying from diphtheria has been enormously lessened since the general use of antitoxin, yet the number of persons contracting the disease has not materially lessened. This is one of the problems of preventive medicine. We have a means by which this may be accomplished. Of this I wish to tell you.

In 1913 a scientist by the name of Schick discovered a simple skin test by which can be told whether a person would take diphtheria or not if exposed to it. This has been called the Schick test. It is simple, painless, and can cause absolutely no harm to the subject. It consists of placing about 3 drops of watery solution with a sharp needle *into* the skin, not *under* the skin. After two days the doctor looks at this point again, and from the appearance can tell whether you would take diphtheria or not, *i.e.*, whether you have your own protective natural antitoxin or not. This is important, for if you are susceptible to diphtheria you can be made immune by producing your own antitoxin within your body. To become immune requires two small injections at three or four weeks, interval of a substance called Toxoid. In younger children especially this injection causes no discomfort, and within a few weeks after the last injection your child is permanently protected, or at least for some years, against contracting diphtheria. Children are most susceptible to diphtheria between the ages of 2 and 5 years and the earlier years at school. Ask your doctor about having your children protected in this way.

The Provincial Department of Health endorses these measures and distributes the material, free of charge, to the doctors who ask for it.

Now let us turn our thoughts to the prevention of scarlet fever. This fever presents many similarities to diphtheria which may not be immediately evident to all. In the first place the disease is spread in the same way, namely, by secretions of the nose and throat. Children should be taught to keep articles and their fingers out of the mouth. In the second place the disease is ushered in with vague pains and sore throat just as diphtheria. But the appearance of the typical scarlet rash soon differentiates them.

When a case of scarlet fever develops in a household, the patient should be isolated from all others; and all articles and clothing with

which he comes in contact should be thoroughly sterilized by boiling. The other members of the family should observe quarantine until the period of danger of spreading the disease is past.

For years the medical profession knew how the disease was spread by the secretions of nose and throat, and advised these precautions against the spread, but it is in recent years that two scientists working in Chicago by the name of Dick discovered the germ of scarlet fever, and proved that this germ would cause the disease in susceptible individuals.

This discovery was of the greatest importance, for as soon as the cause had been discovered it was only a further step to bring out a way of preventing a person from contracting the disease. This has been developed along the same line as diphtheria prevention. An injection is made into the skin of  $1\frac{1}{2}$  drops of a watery material and within 24 hours your doctor can tell you if you are liable to take scarlet fever or not. This is called the Dick Test after the discoverer of the organism.

If you can take the disease, *i.e.*, you are susceptible, a course of four small injections at weekly intervals of Dick toxin will render you immune. Scarlet fever occurs most frequently in young children between the ages of 2-6 years. Ask your doctor about having your children tested and immunized if necessary. The Provincial Department of Health will distribute the materials for this procedure to your doctor on request.

I hope in these few minutes I have made clear the dangers of these two diseases, and the necessity of these simple procedures if we wish to protect our children from the dangers of diphtheria and scarlet fever.

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## The Home—The First Factory of the Nation

By MISS VIOLET TRENCH

**T**HIS is the fourteenth radio talk provided by the Canadian Social Hygiene Council for CKCL.

Homes may be made in large or in small houses, they may be rich or poor, but they are important in so far as they are the starting places for human lives.

There are some laws of nature called the laws of heredity, by which every child born into the world receives some degree of physical and mental inheritance from both father and mother, and through them from their parents and grandparents.

Each man and woman who becomes a parent must pass on more or less of their own nature. At the same time when man or woman accepts their partner in marriage they choose, not only their own life's com-

panion, but the other half of their possible future children's inheritance. Therefore the responsibility of choice in marriage extends far beyond the immediate prospect of personal happiness. As Professor Sandiford said here a few weeks ago, "No child asks to be born." Therefore parenthood should be preceded by a sense of responsibility for the inheritance that will be passed on at the moment of conception; just as surely as parenthood is expected to shoulder the responsibility for providing the environment, the surrounding, in which the new life may develop. The provision of inheritance and the maintenance of environment, this and no less is the great work of the home, the factory, where bodies grow and characters receive their first moulding.

The plan for human lives which we believe was designed in God's eternal wisdom and has been proved by centuries of experience to be best for individuals and for the race is, that a home shall be prepared and a family founded by one man and one woman who, drawn together, within the circle of their ideals, by the cords of love, pledge themselves in marriage to be true to each other for their whole lives and thus ensure, so far as is possible, the stability of the family.

When that start is made the home becomes a new centre in the community. It is complete within itself and yet forms part of a greater whole.

The couple who make a home make it primarily for themselves, but by its existence it becomes automatically part of the community. Every home ought to enrich the community. I do not mean by the taxes it pays, but by the characters that come out from under its roof, and by the atmosphere it provides to welcome those who cross its threshold. The community owes debts to the home, and the home owes debts to the community, and unless both pay neither can fully flourish. Much might be said of the relations between the home and the community, but it is to the family within the home that I wish to draw your attention.

First to the couple as husband and wife, and then, when they become father and mother, to the complete family with child or children. The man and woman who marry start with all that they have inherited of body and mind, and then have what their education and upbringing has given them. Their characters are already formed to a great extent, but within the new home the character of their united life moulds itself, and if the best is to be achieved attention from both is needed.

It is a grave mistake if either thinks they can go on being just the same as each was in their single life. As I have said before elsewhere "It is fairly simple to walk alone along a pathway; but when two start to walk side by side they very often bump each other. The best way to avoid this is to hold hands. Hand in hand, yet willing that each



should think their own thoughts, willing to respect each other's opinion, each considerate for the other's likes and dislikes, and together conscious of a common duty to the one God and Father whose children they are, and through whose grace they can make their life one of perfect harmony."

By such companionship they are doing their best to provide a good environment to surround the heredity which they pass on to the child whom they bring into the world. How do these parents think of the child born of them? What they will do for him depends upon what they believe him to be. They know he has a fine, though fragile, little body which needs the best physical health. But when they look into his eyes they know he is more than a body. He is a spirit living in a body, and he comes endowed with a mind which will gradually develop, and must be trained because it has the power to reason and to choose, to learn and to remember. His spirit is wrapped in a soul with the power of will and of feeling, uniting in his whole being the supreme power to love and to suffer. This child with so rich a nature has been entrusted to his parents within the home to care for and to train, so that in due time he may go out from it equipped as a good citizen, the greatest asset of the nation.

True parents are artists as well as craftsmen in the nation's first factory—and, as in all arts and crafts, they have two primary duties. First they must see a vision, they must form a clear image of what they desire to create, and secondly they must respect their material, in this factory more than in any other, because here the material is living material. It is alive and growing as a separate entity from within itself, and therefore from the first each child must be recognized as a personality, not thought of as property.

The artist parent sees a vision of the strong, responsible, free man or woman they desire their child shall be some day. Not merely of the place in the world he or she shall fill or of the work they shall do. These are important, but come second. The first essential is character.

In describing character long ago, Lord Tennyson, the great poet, said, "There are three great needfuls, self-knowledge, self-reverence and self-control. These three alone lead life to sovereign power."

Powerful lives are what every nation needs, and the desire of every parent must be to see their children as sovereign of themselves. So much for the artist parents' first duty of vision; now for their second, and no less important duty, of respectfully treating the material that they have brought into the world. As we have noted, children come with family tendencies, and with racial instincts, but without habits. Yet habits make conduct. The making of habits starts from the first,



and every mother should be on the watch from the earliest days of her baby's life to make only good habits.

I believe we have also a great responsibility for the impressions which may be made upon the infant. We have learned to be careful of the temperature of the room the baby lives in, and of the quality of the air he breathes; so I believe we need to watch the mental atmosphere, the sort of thoughts that surround the cradle, the conversation that is exchanged across the perambulator. Thoughts cast their shadow. We may not have evidence as yet to prove their effect scientifically, yet we know enough to lay upon us the responsibility for surrounding the baby with only that which is good, pure and clean, wholesome and happy.

The practical care of babies falls almost exclusively upon the mother. In the early days the little life depends on her knowledge, her respect for life and for law, her control of herself and of circumstances, all expressed through her wonderful, untiring love. When the cradle is left behind and the baby is passing into childhood, the care and training are still chiefly in the mother's hands. Women are more naturally teachers of very little children than men are.

The training in self-control and self-respect should be begun in the cradle days. In early childhood is the time when, while carrying on these lessons, the first spoken teaching must be given to supply the third great needful. The child naturally and rightly seeks knowledge of himself, and the mother who would build up his respect for himself, and his control of himself, must lay the foundation on the rock of truth about himself, on the truth of God's laws for his human life. She should tell the story in simple words and in brief outline at first, but she must satisfy his natural thirst for knowledge. If she is wise she will avail herself of her privilege of being first in the field, and will protect her child from false impressions of life being given to him from tainted sources. Her own vision must be constantly lifted up to the ideal plan for human life, and then as she gradually and thoughtfully unfolds to him the story of parenthood, carrying with it the continuous chain of responsibility, she prepares each son and daughter to accept the facts of their nature as a trust. She shows them the vision of life that links them first with the Divine Creator, and then with the rest of humanity, and thus rouses within them, from the very first, a sense of personal responsibility for themselves and for others.

This teaching like any other that deals with conduct must be borne out in practice, if it is to be effectual. Even in very early days the child will try to do as he sees done, rather than as he is told to do. In the first factory of the nation it is important to remember that growing characters are moulded as much by example as by precept.

The mother's efforts are made terribly hard unless she is backed up by the father's influence, and encouraged by his example. The time is coming quickly when he should be, in a very special degree, the hero of his boy, and the ideal of manhood to his daughter. Then the few words that he may speak on character and on conduct will carry true weight, and should bear rich fruit.

Anything less than precept borne out by example is utterly unfair on children. I think it is not too much to say that homes are happy or miserable according as to whether the parents have already themselves learned the great lesson which they are called upon to teach, the lesson of self-control.

On the subject of self-control I want to draw your attention to one particular lack of it which makes many homes miserable, and that is, loss of good temper, indulgence in bad temper, saying sharp, hard words to one another, in fact snarling and biting. One difficulty is that people who are otherwise high principled and often fine characters do not take their own bad tempers seriously. They think being cross does not matter. They think it is a small thing to flare up and let fly bitter words. One flare of bad temper may be a small thing. One snowflake is so small that you or I do not feel its feathery weight as it falls upon our hand. Yet snowflakes in the mass stop trains and break communications. Many a life itself has been lost in the snowdrift as Canada knows full well. Bad tempers break hearts and wreck homes, and they ruin respect. Children cannot be expected to respect the parent who loses his or her temper. They may be afraid of them but that is a very different thing, and children are the quickest people to detect such weaknesses in their parents. I am sure you have heard an eldest child who has been first to encounter his father come back to the younger ones and give some such warning as this, "I wouldn't go too near dad this morning if I were you, the wind's in the east." Half consciously, it may be, the boy has sized up his father and the dry rot of lost respect has set in.

Unfortunately for the perversity of human nature the next step is more likely to be imitation than the taking of warning. With child men as well as with child nations we have sorrowfully to remember that vices are more easily acquired than virtues. We speak of obedience as the great lesson of childhood, but obedience is not an end in itself, it is a means towards the acquiring of self-control. If a reasonable degree of self-control can be acquired during childhood, then, indeed, the first stage of the home's work in character training has been well done. The thought "you must" gradually gives place to the thought "I ought"; so the sense of duty dawns, and the son or daughter gets ready to walk life's path.

Parents can do a great deal for their children, but they cannot live their lives for them. The time comes when they must go out into life, and it makes all the difference if they have been trained gradually to use their own judgment. The parent who recognizes the wisdom of gradual abdication of parental authority, is the parent who will keep the friendship of his children and continue their comrade and confidant, as the wheels of time move on and the young hands begin to take hold of themselves.

The years between 12 and 20. After childhood comes adolescence. It is a time of change both in body and mind, a time of increasing power to think new thoughts and to make new things. It is a time of great importance in the life of the young people and of the home, but it is not an easy time. During adolescence most of us feel everything very acutely, our likes and dislikes are very strong, our opinions are vehement.

I would like to say to both parents and young people, "Go easy and be as considerate as you can for each other; you are passing through a transition stage, soon you will come on to much firmer ground. Keep out of harm's way, safety first is a rule of the road that needs plenty of courage to carry it out on life's highway. The work of the home must not be spoiled now that it is nearing its goal, and boy and girl must guard well the treasures of their great natures as they approach the manhood and womanhood that all these years have been leading up to. For their own sakes and for the sake of the nation they belong to, they must hold the vision of the ideal for their lives; they must practise some interesting hobby for making something new with their hands. They must read stories of great men in history, and so open channels for their own new thoughts on the adventure of life.

The future is unknown. But all the time there is the sense of the great trust to them, of what the future holds for them both to be and to do.

Homes must be built and carried on, and to some of the boys and girls of to-day must fall the privileges and the duties of those homes.

The next generation of the human family must be founded. The cycle of time moves on, and comes round again. New partners of life's companions must be chosen, heritage must be again passed on and new families reared. The life of the nation is eternal while time lasts, and the work of the home unending. The glory of both home and nation depends upon the sons and daughters of each generation.

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## A Federal Ministry of Health

THE following two letters appeared recently in Toronto daily papers. As they are of considerable interest to all public health workers, they are reprinted here.

"Sir:

Figures compiled by the Social Hygiene Council, and published recently, are of such a character that any thinking person, on reading them, must ask themselves the question: Where are we drifting?

When we are told from such a reliable source that over 30 per cent. of the deaths in Canada are preventable, that 180,000 of our people are continually ill, that 21,000,000 working days per year are lost through sickness, one-half of which is preventable, and that \$50,000,000 annually, or about \$1,000,000 per week, is expended on hospitals, asylums and sanitariums, and that not including the amount spent on private doctors, nurses, etc. These are only a few of the startling figures just made public. And in addition to all this, we learn that our infant mortality is 101 per thousand, or nearly twice as great as England and Wales, that over 500 Canadian mothers and babies die each week. Is it not time we faced the question as a national one?

It is true the B. N. A. places health under provincial jurisdiction, and we well know that to even think of changing the B. N. A. is in some quarters considered seditious, disloyal, and such like; but even these people will admit, I think, that the fathers of Confederation, with all their foresight and good statesmanship, little realized how the health of the nation would become a national responsibility. However, the changing of the B. N. A. is a slow job; and in the meantime thousands are dying whose deaths, and the subsequent sorrow and suffering, can be prevented. And the question is still before us: What can we do? We have at present a Federal Department of Health, whose activities could, I think, be made more useful.

First, by the appointment of a Minister of Health, whose duties as such should not be hampered by the responsibility of another department of Government. Secondly, a larger sum of money should be voted annually to the department, so as to enable it to take the initiative wherever possible, and to help in a more effective manner co-ordinate the activities of the Provincial and Civic Health Departments, and to enable the Federal Department to watch more closely the health of the people entering Canada, and to have a better system of following up, or keeping in touch for a time with these newcomers. The B. N. A.

definitely puts immigration under Federal control; and the Government responsible for bringing them in should surely be the one to see to it, for at least a reasonable time, that they do not menace the health of the citizens already here.

I think we can all agree that a newcomer, via the cradle, is more valuable to the country than one by the boat; and that the family already here, that is kept together by the prevention of the death of either the father or mother, is much preferable to an imported family, or the payment of mothers' allowances, or the upkeeping of orphans' homes, etc. These are only a few reasons why we should consider health as a national question, and why during the present campaign all candidates should be questioned as to their views on the subject."

BERT MERSON.

"Dear Sir:

The exceedingly interesting and valuable letter of Mr. Bert Merson, Vice-President of the Trades and Labour Congress of Canada, on the health of Canadians should receive the fullest consideration of all who are interested in the conservation of Canada's greatest asset, her men and women.

There is in this letter, however, a serious misstatement, which has been made time and again by the opponents of a Dominion Ministry of Health, and too often accepted as fact by those in favour of such a Ministry. I have heard it confidently stated and used as an argument against Dominion assumption of supervision of public health movement, by a Senator of great prominence and very near to the Administration of the day.

The misleading statement is as follows: "It is true that the B. N. A. Act places health under Provincial jurisdiction."

The "establishment and maintenance of marine hospitals" the act allots to the Dominion; the "establishment, maintenance and management of hospitals, asylums, charities and eleemosynary institutions in and for the Provinces other than marine hospitals" to the Province.

But hospitals, asylums, etc., in and for the Province cannot be anything but a small part of public health—education and prevention are the essential features of any modern public health movement.

Public health was never in contemplation at the time our statesmen were framing the written Constitution of Canada; no one thought of mentioning it, for no one thought of it, or could have thought of it.

Public Health—the health of the people—is not mentioned in the act at all; and either Dominion or Province may deal with it; and the argument is stronger against Provincial than against Dominion jurisdiction.

The retrograde step of abolishing the Dominion Ministry of Health will, no doubt, be decided on its merits—but no valid constitutional ground can be adduced in favour of such a step; and the friends of a broad Dominion-wide effort to save Canada from preventable and wholly unnecessary disease would be unwise to give countenance to the idea that the Constitution stands in their way.

OSGOODE HALL.



## The Sanitary Inspectors' Association of Canada

Report of proceedings at Annual Convention, Winnipeg, Manitoba,  
August 19th, 20th, and 21st, 1925.

The Twelfth Annual Convention was held in Winnipeg, Man., on August 19th, 20th, and 21st. The sessions were held in Parliament Buildings, a room having been placed at our disposal by courtesy of Mr. D. L. McLean, Deputy Minister of Public Works.

The visiting delegates registered at the Majestic Hotel, and, as at previous Conventions, they were able to get together during spare moments and compare notes. It is no reflection upon any Convention to say that very often more good is derived from a discussion of the many little problems met with in every day life, quite informally in these little groups between sessions or at the close of the day.

Members of the Winnipeg Health Department and other friends were always on hand to care for the visitors by providing automobiles to take them from one point to another. By this means it was possible to make a number of visits of inspection to places of special interest in Public Health work.

Wednesday, August 19th, promptly at ten o'clock, His Honour Sir James Aikins, K.B., Lieutenant Governor of Manitoba, entered the assembly room. The President brought the meeting to order, and called upon His Honour to address a few words. Sir James stated that the work we are engaged in is a public service of a very high order. Our Association is voluntary, its motives noble, and its accomplished objects beneficial. Voluntary—we were not compelled by any external sovereign authority, as over slaves or subjects or minions. The right to engage in public service is the dearly bought privilege of freemen, and therefore to be highly prized. Motives noble—because they are unselfish and intentioned to help others to happier and more useful lives. The effect of helping a community is spiritual satisfaction to the helper. A better and safer environment for the neighbourhood means better conditions for himself and family. All should therefore assist in making their district a safe place to live in. It is the fulfilment in part of the old Levitical commandment selected by the chiefest of all Health Inspectors as being the second of life's great laws, "Thou shalt do no wrong, but thou shalt love thy neighbour as thyself". Yours is not the only unselfish beneficent work. In our self-governing countries each selects his vocation; and each must, or should, take his share in forming those squares or cubes of occupation which complete the structure of nation

activities. To every man his work. In economics they call that the division of labour. That term labour includes not only manual and physical toil but mental and spiritual as well. All productive and protective work is useful service to the nation, and those engaged in it are public servants. Yours is a protective service, safeguarding the people at large. Health, what a word. If I told you that it is related to holiness you might be surprised; and yet both come from the same Anglo-Saxon word "Halog", meaning soundness of health. When in the ancient Jewish ritual a sacrifice of a living thing was to be offered, that was to be without spot or blemish, in perfect health and soundness, and that is embodied in our Christianity, for it requires that we present our bodies as a living sacrifice, holy and acceptable. The sacrifice should not be a maimed, outworn, and useless thing, but in perfect health. The second great gift of the Almighty to us (the first being spiritual health or holiness) is physical health, which includes mental health. A health that will resist the germs of disease. There are those whose vitality is so under par that they cannot resist ordinary attacks of malignant microbes; therefore your effort is directed to destroy for the benefit of the strong and weak those enemies of health, or prevent their existence. That is what you call sanitation. You are the great officers of sanitation. God speed you in your work. In order to increase your efficiency you associate and converse. Your Association is formed on a safe basis. I say that as President of the Canadian Bar Association, because some of your Association's objects are along the line of the Bar Association. Your Association is formed to advance the science of sanitation, to promote legislation in respect of health and uniformity of that legislation throughout Canada; to uphold the honour of your Association and encourage cordial intercourse among the members. In respect of uniformity of legislation, may I suggest that perhaps the Canadian Bar Association can assist you in this, and that if you submit a request to the Association, together with the sanitation laws of the several Provinces, I venture the assurance that the Bar Association will cordially co-operate with you in your endeavour to secure uniformity of legislation. You co-operate with each other; it is well, but better if you can secure the sympathetic co-operation of the people with whom you work. The apathetic and indolent will always be a menace to you and their neighbours. They are part of the burdens of life that have to be carried, and they are mean enough to want to be carried. Not what others do, but what we ought to do must guide our actions, in which, through discouragement, we must persist.

Alderman D. McLean addressed a few words of welcome on behalf of His Worship, Mayor Webb, who had been called out of town and

was unable to be present in person. Alderman McLean gave the visiting delegates a real hearty welcome to the city. He stated that if we had anything that was good we would be pleased to show it to the visitors; and if they had anything good we would be glad to know about it. He hoped that the Convention would be a very happy one.

Following the above we had the Presidential Address by Mr. E. W. J. Hague, who took as his topic "The new conception of a Sanitary Inspector's duties". This has been published in the JOURNAL in full, so that the members may read it at their leisure.

The afternoon was spent on visits of inspection. The first visit was to Hall's egg-canning plant. Here we saw how eggs were canned under the most sanitary conditions.

Our next visit was to the Gas Coking Plant of the Winnipeg Electric Co., and here we saw how coke was manufactured with the minimum amount of smoke or nuisance from offensive gases.

We then visited the Kildonan Canning Co.'s premises, where vegetables are canned. Not only are the premises sanitary, but the machinery is of the most modern type, and the whole plant is run on strictly hygienic lines.

Evening session.—Miss E. Russell, Superintendent of Public Health Nurses in the Province of Manitoba, delivered a very excellent address on "Public Health Nursing in Manitoba". We hope to publish Miss Russell's address in the JOURNAL. It may be sufficient to say here that Miss Russell was able to show that there is a good field of usefulness in that class of work. There can be no doubt that much good is being accomplished in Child Welfare work and in the prevention of spread of communicable diseases, especially in the rural parts of the Province, where a medical man cannot easily be had. Miss Russell and several of her assistants possess the certificate of the Royal Sanitary Institute for Sanitary Inspectors. She looks forward to the time when the Province of Manitoba will have Sanitary Inspectors in the field, as there is much work to be done to supplement the work done by the Nurses. As already stated, the members will have the opportunity of reading the address when it is published.

Thursday, August 20th. Forenoon session.—We were favoured by a very excellent address by Dr. W. J. Sharman, Bacteriologist to the City Dairy Co., on milk. Dr. Sharman has a wide knowledge of his subject from the point of production and through the various stages of this important article of food. This was followed by a very good discussion on many phases of the milk question. Following the above we paid a visit of inspection to the plant of the T. Eaton Co., Ltd. We were shown their methods of heating and ventilating the premises. The

visit to the basement of these premises was a demonstration of what can be done in maintaining a satisfactory atmosphere by the Plenum system. The glass covers and counters over meats and other foods prevent the handling of goods by customers. An inspection of their kitchens showed that nothing was lacking in sterilization of dishes and food containers for their large grill room and restaurant. We were shown a number of other features of interest to those engaged in Public Health activities. By courtesy of Mr. Tucker we were entertained to lunch at the close of our visit.

Afternoon session.—The afternoon session was devoted to addresses and discussions. Mr. J. W. Richardson, of Transcona, opened a round table discussion on Housing. This proved to be a very interesting topic. Some of the points brought up were: the crowding on space of more than one dwelling on a single lot, the insulation of walls to exclude cold in winter and heat in summer, the occupation by more than one family of dwellings, etc. Judging by the discussion, the subject of housing presents a problem in the small towns and cities alike. We were next favoured by an address by Dr. Jasper Halpenny, of Winnipeg. Dr. Halpenny brought us back to first principles. Some of the points brought out were the value of sunlight, fresh air, rest, food, clothing and personal hygiene. The speaker thought it was our duty to emphasize these points from day to day.

Evening session.—Our annual business meeting was held in the evening. News jottings in last month's issue contained most of the important items of interest, and the Annual Report of the Executive Council was also published in the same issue. It will therefore not be necessary to make any further reference to the meeting here, except to state that the outlook never was brighter than at present.

Friday, August 21st. Forenoon session.—Dr. M. S. Fraser, Provincial Epidemiologist to the Manitoba Board of Health, apologised for the absence of Dr. McCalman, Chairman of the Provincial Board of Health, who was down to speak to us. Dr. Fraser stated that he had been requested by Dr. McCalman to take his place at the last minute. Dr. Fraser gave us an inspiring address. He stated that whether as Medical Officers of Health or Sanitary Inspectors our work was along the same lines, that perhaps we should be looked upon as sanitary teachers. He said that much good had already been accomplished, that we were seeing the bud to-day, and that perhaps we would yet see the flower. In our day we have had sanitary laws codified, so that the business of the Health Officer and Sanitary Inspector or other teacher is to bring these things to the children. The duty of the Sanitary Inspector is to interfere with those who want to contravene the law.

Dr. A. J. Douglas, Medical Officer for Winnipeg, extended a hearty welcome to the visitors, and stated that if at this or any other time there was any assistance that his Department could give it would be cheerfully given. He reminded us that eternal vigilance was the price of safety, and that we must always be on the alert. He thought that the public was beginning to realise that they got only the amount of Public Health that is paid for. The remainder of the forenoon was spent on a visit of inspection to the plant of the Winnipeg Tribune Publishing Co., and at the conclusion the delegates were entertained to lunch by the Winnipeg City Council in the pavilion at Kildonan Park.

Afternoon session.—We visited the Manitoba Agricultural College during the afternoon. The water filtration plant here proved to be of great interest to the visitors, as were a number of other features. During our visit we were favoured by an address by Prof. V. W. Jackson on "The Biology of Pests". It will be seen from the following notes that this proved to be an extremely interesting subject.

Self-preservation is the biology of pests; each of the myriads of life-forms trying to perpetuate the species,—parasites versus free-living organisms. The mosquito bite is but the stolen loaf for a starving mother,—the overpowering sense of motherhood. Only the females bite, or take blood. The fever is the prosperity of some protozoan organism in the blood; a sneeze is the posterity of some germ. The maggot is the fly's adaptation to circumstances; the long tapeworm is a solitary struggle against extermination. So pests are just part of a vicious circle—the continuous struggle of all forms of life for existence and perpetuation of the species.

That which interferes with our circle of life is called a pest. So numerous are pests that only when we group them systematically can we see order, development, evolution and not a scourge or a visiting plague or condemnation of man and his ways.

Nearly all fevers are caused by protozoan or unicellular organisms. Most worms are parasitic because their form, habits and size make such a life possible. The metamorphosis of insects, mites and ticks led to a degenerate parasitic life of many of them; and only by reduction in size and great fecundity can higher animals become pests.

Plant pests are not so numerous. Aside from fungus plant diseases there are very few plant pests. Ringworm is a unique example, and poisonous plants are only pests when through ignorance we ignore them. Poison Ivy is not a pest to those who know the plant, nor is nettle or the poisonous roots of cowbane or loco weed.

Pests, then, are those organisms, mostly animal, which through a long battle with their hosts have evolved a degenerate life, microscopic

or insignificant in size, but the acme of fecundity and perpetuation of species. Therefore we must struggle against an ignoble but wily antagonist,—the pest,—the parasite. Thanks to the arduous scientific research of the past century, the life histories and the ways and means of parasites have been revealed, and now only the ignorant suffer from them.

Display of various pests and parasites under the microscope and their life history outlined.

This concluded a most successful Convention, although several of the visitors remained in the city for a few days longer, and were shown special features of Public Health work by the Winnipeg members.

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# The Sanitary Inspectors' Association of Canada Monthly Jottings

The members of the Manitoba Branch are to be congratulated upon their splendid programme for the coming winter season. The following is a copy of the syllabus:

## SYLLABUS FOR 1925-26

1925

Manitoba Branch

Nov. 14—The part played by Insects in the Transmission of Disease

Dr. A. J. Douglas, Medical Health Officer

Nov. 21—Preventive Medicine

Dr. Fred F. Cadham, Provincial Bacteriologist

Nov. 28—Impressions of a recent trip to Europe

Dr. Manly Finkelstein, City Bacteriologist

DEC. 5—Illustrated Lecture, Occupational Diseases.....Dr. Hugh Mackay

DEC. 12—Diet in Disease and Health ..... Dr. C. R. Gilmour

DEC. 19—Smallpox and Vaccination

Dr. A. B. Alexander, Medical Supt. City Hospitals

1926

JAN. 9—Impressions gathered at the Convention of the

International Association of Milk and Dairy

Inspectors

W. A. Shoults, V. S., Provincial Department of Health

JAN. 16—Problems in Smoke Abatement

Mr. P. Pickering, Smoke Inspector

JAN. 23—Leaves from the notebook of a City Chemist

Mr. A. Blackie, City Chemist

JAN. 30—Heating and Ventilating .... Mr. J. Foggie, Sanitary Inspector

FEB. 6—A comparison of old and new theories of Food Inspection

Mr. A. Rigby, Chief Food Inspector

FEB. 13—Visit to Harris Abattoirs, St. Boniface

FEB. 20—A Talk on Sanitary Law

Mr. E. W. J. Hague, Chief Health Inspector

FEB. 27—Legislation for Children

Miss E. Russell, Supt. of Provincial Public Health Nurses

MAR. 6—Round Table discussion on Housing

Introduced by Mr. A. Officer, Tenement Inspector

MAR. 13—Controlling a Milk Supply

Mr. E. C. Brown, Chief Dairy Inspector

MAR. 20—A Talk on Mental Hygiene ..... Dr. A. T. Mathers

MAR. 27—Annual Dinner.

N.B.—Some evening in January there will be a lecture on Tuberculosis by Dr. D. A. Stewart, Medical Superintendent of Ninette Sanitarium.



## The Provincial Board of Health of Ontario

**Communicable Diseases reported for the Province for the Weeks  
ending October 5th, 12th, 19th, 26th, 1925**

COMPARATIVE TABLE

Diseases	1925		1924	
	Cases	Deaths	Cases	Deaths
Cerebro Spinal Meningitis.....	..	5	7	6
Chancroid.....	..	..	2	..
Chickenpox.....	460	..	324	..
Diphtheria.....	407	14	396	24
Dysentery.....	..	..	..	6
Encephalitis.....	2	..	4	2
Gonorrhoea.....	141	..	146	..
Influenza.....	..	11	..	4
German Measles.....	6	..	2	..
Measles.....	399	..	887	..
Mumps.....	103	..	307	..
Pneumonia.....	..	165	..	137
Poliomyelitis.....	17	..	20	3
Scarlet Fever.....	384	6	397	3
Septic Sore Throat.....	5	..	1	..
Smallpox.....	19	..	73	..
Syphilis.....	128	..	85	..
Tuberculosis.....	142	66	166	73
Typhoid.....	137	5	125	8
Whooping Cough.....	247	6	174	3

JOHN W. McCULLOUGH.

## Notes on Current Literature

From the Health Information Service, Canadian Red Cross Society, 410 Sherbourne St., Toronto 5. Readers of the "Public Health Journal" may borrow any of the articles listed. Please mention the date of issue of this Journal and the title of the article desired.

### *The Technique of Poster Making*

By Miss Pearl Turner, Michigan Department of Health. "Michigan Public Health," September 1925, page 250.

### *Relation of Health Education to Public Health*

By Sally Lucas Jean, "The Commonhealth," July, August, September 1925, page 66.

### *The Prevalence of Smallpox*

A comparison of the prevalence of smallpox where vaccination is enforced with localities where vaccination is neglected. "American Journal of Public Health," October 1925, page 855.

### *Smallpox in Canada*

By Dr. J. J. Heagerty, Department of Health of Canada, "The World's Health," August 1925, page 337.

### *Child Welfare in France*

The popular teaching of Child Welfare in France. By Dr. L. Devraigne of Paris. "The World's Health," September 1925, page 379.

### *Maternal Mortality in Canada*

By Dr. Helen MacMurchy of the Department of Health, Ottawa. "Canadian Medical Association Journal," September 1925, page 941.

### *Endemic Goitre in New Zealand.*

The prevention of endemic goitre in New Zealand. By a public health nurse. "The Canadian Nurse," September 1925, page 464.

### *Typhoid Carriers*

A study of over 1,000 healthy dairy employees showed 5.1 per cent to be carriers of typhoid or paratyphoid bacilli. "Journal of American Medical Association," October 3, 1925, page 1036.

### *Public Health Progress*

The motives of public health progress in relation to women's work. By Sir Arthur Newsholme. "National Health," August 1925, page 48.

*The Eyes of School Children*

Abstract No. 31 of Current Public Health Literature, issued by the Department of Health of Canada, contains a summary of a new book by Dr. James Kerr, London, England, on the Eyes of School Children, School Vision and the Short-sighted Scholar.

## AMERICAN RED CROSS PUBLICATION

The American Red Cross has recently issued the following publication; copies may be obtained from the Canadian Red Cross Society: Volunteer Service Manual, Organized Volunteer Service (A.R.C. 415).

## LEAGUE OF NATIONS PUBLICATION

The League of Nations has recently issued the following publication: *Health Education in Japan*.

A report of 36 conferences given in Japan by the Health Organization of the League of Nations.

## BOOKS ADDED TO THE LIBRARY

*Yourself and Your Body*

By Dr. W. T. Grenfell. Toronto: Copp Clark and Sons, 1925, \$2.00. This book was written by Dr. W. T. Grenfell of the Grenfell Mission in Labrador, to meet the needs and answer the questions of his own children. The book should prove not only useful but thoroughly attractive to all children.

*Dramatizing Child Health*

By Grace T. Hallock. Cloth, \$2.00. Pp. 306. New York, American Child Health Association, 1925. This new publication includes a chapter on the value of dramatization in education, the writing and production of health in plays, and the method to be used in dramatizing stories and books. It also contains ten health plays, five dialogues, six songs with music, three pageant outlines and a very complete bibliography.

*The Normal Diet*

By W. D. Sansum, M.S., M.D. St. Louis: C. V. Mosby Company, 1925. Price \$1.50. A simple statement of the fundamental principles of diet for the use of physicians and patients.

*Personal and Community Health*

By C. E. Turner, Associate Professor of Biology and Public Health in the Massachusetts Institute of Technology. St. Louis: C. V. Mosby Company, 1925. Price \$2.50. A Text-book for the students at the university, college or professional school.

## Book Reviews

*Industrial Poisons in the United States,* by Alice Hamilton, A.M., M.D. The MacMillan Co., N. Y., 1925. 590 pages. \$5.50. This book is stocked by the MacMillan Co., Publishers, Toronto.

This book, written by an international authority on the subject, is likely to become the standard work of reference. The scope is far wider than the title indicates, for much of the data comes from European and British experience. The style is lucid, practical, and unusually "readable"; there is an excellent index, and full bibliographical references are given.

With certain qualifications, the arrangement is good. It must be remembered, however, that the book is planned primarily for industrial physicians and does not therefore aim at providing such information as would appeal specifically to engineers. Throughout great attention is given to symptomatology and pathology, but it is a little surprising to find so little said on treatment. Surprising, too, at first sight, is the brevity on the chapter on prevention. In fact, however, it is an exceedingly pregnant chapter, and, dealing only with general principles, extremely suggestive; as a corollary to the rest of the book, which, after all, is all *implicitly* concerned with prevention, it is excellent. The space allotted to lead poisoning, however, is somewhat excessive, so much having already been written on that subject; and there are other less known poisons on which we would like to have heard more.

The outstanding features of Dr. Hamilton's work are her personal and intelligent familiarity with the industrial processes concerned and her quite unusual grasp of the whole subject of the organic poisons—the most complex and difficult part of industrial toxicology. But perhaps the chief merit of the book is its practicability. Dr. Hamilton does not offer facile solutions to vexed problems; she faces the problem of gas masks, for example, and records the fact that efficient masks are largely useless for reasons of psychology, since workers prefer possible danger to certain discomfort. Similarly, she warns physicians throughout that theoretical knowledge of industrial poisonings must always be subject to the baffling factor of personal idiosyncrasy. Altogether it is a wise and honest book, based on unusual wide knowledge and personal experience.

*"Feeding the Family,"* by Mary Swartz Rose, Ph.D., Professor of Nutrition, Teachers' College, Columbia University. McMillan Company, New York and Toronto.

Nowadays when the medical profession as a whole, and particularly surgeons, are placing so much emphasis on diet in relation to health and

disease, especially cancer, it is a pleasure to lay hands on this new edition of "Feeding the Family," a book combining the highest scientific value with the greatest practical usefulness to the average housewife. Subjects dealt with include: The Significance of Food, Care of the Digestive Mechanism, Food for the Adult Man, Adult Women, the Baby, the Two Year Old Child, and for each year up to Adolescence, Food after Fifty, for the Family Group, and Diets for the Sick or Convalescence, for a Sedentary Man, a Muscularly Active Man, a Thin Man, an Active Woman, a Sedentary Woman, a Fat Woman, a Thin Woman, a Nursing Mother, for Aged or Elderly People, for Tubercular or Typhoid Patients, Diabetes and Chronic Gout.

These heads to chapters give only a suggestion of the comprehensive contents which bring to the woman in the home, whether she be cook or mistress or both, exactly that knowledge of food values, metabolism, the chemistry of foods, the fundamental importance of this or that food for this or that type of person, which she requires.

It is a pity, indeed, that such books as this are not text books for every girl intending to marry or to keep house, for to-day not only the medical profession but all intelligent people, are beginning to realize that a very large portion of the whole structure of preventive medicine and national health rests, and must rest, on not only a knowledge but a practice of scientific feeding.

"Feeding the Family" is a highly commendable book dealing with a subject which cannot too rapidly become an exact science of which the average person will have a far greater knowledge than is at present the case.

*"The Fruit of the Family Tree,"* by Albert Edward Wiggam. Published by The Bobbs-Merril Company, Indianapolis; McInish & Co., Toronto. Price \$3.00.

What science has to say about cousins marrying, about "inbred" royal families and "dominant traits," about how genius is produced, about what characteristics, or diseases are heritable; about how you came to have blue or brown eyes; why you are fat or slender, active or sedentary, tall or short; about the often mistaken ideas of pre-natal influences, and the profound ignorance of the average lay person concerning the demonstrable laws of heredity; all these things are told in highly readable form in *"The Fruit of the Family Tree,"* by Albert Edward Wiggam.

This popular science treatise, which is dedicated to the "Health, Intelligence and Beauty" of the unborn, dramatized and makes lucidly clear to the average man or woman many of the remarkable discoveries made of late years by the scientists concerning heredity in its relation to racial improvement and human progress. It brings the knowledge



of the biological laboratory home to every citizen, and offers much reliable useful knowledge concerning who should marry who, and primarily what are the heritable strains, diseases or traits which according to the Law of Life will be passed on to our children.

That brains, beauty and intelligence, nay, even the capacity to succeed, are as heritable qualities as insanity, epilepsy, or feeble-mindedness is a point carefully emphasized in a book which points the way to the higher realms of eugenics, a science which is defined as the application of human intelligence to human evolution.

Though the author, A. E. Wiggam, is a layman, the biology in this book is absolutely sound, so far as we know at present, and "The Fruit of the Family Tree" makes as good reading for the physician as for the laity. It has been described as one of the most important contributions to popular education made on this continent in the last fifty years, and we are inclined to agree with this statement regarding its undoubted merits.

*Health and Disease,"* by Roger I. Lee, M.D., Professor of Hygiene, Harvard University. Little, Brown & Co., Boston, Publishers. Longmans, Green & Co., Toronto. Price \$2.75.

This is indeed a noteworthy book. While essentially a text on hygiene and preventive medicine, the angles from which the varied problems are discussed are different from those of any book yet published. The purpose of the book, as the author makes clear, is to give the individual (the layman, we take it to mean) such assimilable material as to equip him to meet intelligently the health problem of himself and of the community in which he is a citizen, of which he is an integral part, and in which his personal hygiene and influence play a larger role than he ordinarily appreciates. In addition, there is useful material contained for the information of employers, who, it is hoped, may see the wisdom and financial gains accruing from an understanding of the health problem of their employees. Furthermore, public health workers and others engaged in social work will find a fund of information useful to them.

In this book by Dr. Lee, dogmatism is conspicuous by its absence. Every problem is handled from a perfectly sound unbiased viewpoint; the pros and cons are honestly stated, and the author then proceeds to give his conclusions in a singularly impartial way. Beliefs and isms which have been established by tradition and custom are treated on their merits, in many cases being fortified, in others distinctly weakened. Misbeliefs are denounced, and many notions, held even by many trained individuals and professional people, are shown to be faulty, if not entirely erroneous.

The book on the whole bristles with useful information, covering the whole field of personal hygiene, community hygiene, and preventive medicine. As already intimated, the layman could well afford to give time to its reading, the employer likewise, and very particularly the medical officer of health and physician. If for no other reason, the physician or health officer will find the reading amply rewarded by the wealth of opinions given in this book, which will enable him to answer the numerous, seemingly trifling, and yet perplexing questions so often put by the public to their "should-know-all" doctors and health officials.

The Canadian Social Hygiene Council recommends the following books and pamphlets for parents:

*For Children or for Parents to Read to Their Children.*

"The Cradle Ship", by Edith Howes, \$2. For children of 7 to 10 years.

"Yourself and Your Body", by Dr. W. T. Grenfell, \$2.50. For children of 9 to 12 years.

"Keeping in Condition", by H. H. Moore. For boys of 14 to 18 years. Ontario Public School Health Book, 25c.

"How to Teach Little Children", by Violet Trench, 5c. For children of 6 or 7 years.

"The Wonderful Story of Life", 5c. One for boys and one for girls, 7 to 10 years.

"Sex in Life", by D. B. and E. B. Armstrong, 5c. For boys and girls of about 12 years.

"Healthy, Happy Womanhood", 10c.

"A Girl's Value to Her Country", by Dr. Margaret Patterson, 10c. These are for girls of 15 years and upwards.

"An Open Letter to Young Men", by Dr. Douglas White, 10c. For boys of 15 years and upwards.

*More Advanced Studies for Parents.*

"Parents and Social Hygiene". In preparation, probably 5c.

"The Task of Social Hygiene", by Havelock Ellis.

"Sex and Social Health", by T. W. Galloway.

"Sex Education", by M. A. Bigelow.

"Child Management", by D. A. Thom, 5c.

"The Fruit of the Family Tree", by A. E. Wiggam, \$3.

"Hygeia", 25c monthly.

*Free.*

"Facts on Sex Hygiene for Girls and Young Women".

"Facts on Venereal Diseases for Young Men".

These are all obtainable from the Canadian Social Hygiene Council, Hygeia House, 40 Elm Street.

"Health and Disease and Their Determining Factors," by Roger J. Lee, M.D., Professor of Hygiene, Harvard University, is published by Longmans, Green and Co., Toronto. Price, \$2.75. This is a new and noteworthy volume. It announces itself as a text book on hygiene and preventive medicine; but the angles from which it discusses the principles laid down are very different from those of the usual high brow academic writer.

It is addressed to the individual layman or woman. Public health workers will also find in it a mine of instruction. Indeed, the doctors themselves may get from it a new viewpoint.

The book bristles with useful information. All its facts or conclusions are presented in a singularly, impartial way. Misbeliefs, even medical misbeliefs, meet with no kindness at the hands of this writer. They are unqualifiedly denounced. The path of health is shown to be the straight and broad path of science; and it is made clear that the average layman or woman is quite as capable of comprehending the underlying principles of health and disease, once he is told what they are, as the average doctor.

Furthermore, that the heads of families who have to pay doctors' bill's and the communities' medical bills in taxes are entitled to a thorough-going knowledge concerning the problem of personal family or public health.

The author does a good deed in warning people against adopting patent recipes for health without understanding the basic factors governing health and disease.

He shows that knowledge is the only way to real understanding, and he presents such knowledge in its most practical and ordinary form. A strong chapter in the book is that on Alcohol, Tobacco and the Habit Forming Drugs. In Canada, where we are gaining a reputation as one of the big drug peddling nations of the world, this chapter has many home applications.

The purely public health angles of this book are divided into: Disease Transmitted by ingestion, The Air Borne Diseases, Diseases Transmitted by Contact, Venereal Diseases and Sex Hygiene, Insect Borne Diseases, Mysteriously Conveyed Diseases, Cancer, Occupational Diseases, and General Considerations in Communicable Diseases.

We recommend this "Lee" Book on Health very strongly. It is distinctive, clear, concise, accurate, up to the minute, and written in a very properly respectful attitude toward the lay mind.

We advise getting it. It will certainly broaden your ideas concerning life, and how to lengthen it.

## Editorial

The attention of our readers is called to the announcement on page of the Health Information Service of the Canadian Red Cross Society, from which readers of the "Public Health Journal" may borrow from the Red Cross new periodicals and publications on Health topics.

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### HOW LONG TO LIVE?

The question is frequently asked, "Just when does old age begin?" There follows, usually, much hesitation in giving an answer. It is a hesitation that is pardonable. Pardonable—and quite to be expected—in that there are innumerable reasons why it is hard to reply, innumerable puzzling exceptions to any arbitrary "rule" in the matter.

On every side one sees men who are young at sixty. At even more advanced ages than that there are many who demonstrate the futility of any dictum that years actually count. So far, that is, as concerns a scale of relative capability and continued service. They are men whose productive faculties are unimpaired, whose minds, if not their bodies, are younger in activity and alertness than those of countless others one half their age.

Judge Elbert H. Gary is 79, Elihu Root 81, Thomas A. Edison 84. An even older group is represented by such prominent American figures as Chauncey M. Depew, and Charles W. Eliot, both of whom are 91. Such men as these have earned their long years of health and public helpfulness not simply through a trick of chance, but by their own foresight and intelligent preparation. At least, so it appears; for the arm of coincidence at its longest could hardly alone account for the collective mental superiority of these particular notables at the age which all of them have reached.

In the case of such a man as Judge Gary, for instance, the doctrine of "fitness" has been of importance to him throughout his life. In other words, he has always held the conviction that the business of health—and of living—is of greater consequence than any other business the world affords. He has given it its due share of attention in the scheme of his daily life, a thing which innumerable other men, in positions of far less responsibility, are invariably "too busy" to do.

In her recent book, "The Life of Judge Gary", Ida M. Tarbell presents a thoroughly human picture of her subject's childhood and early years in Illinois. The forces and influences which combined to shape his youth all had their source in the sturdy pioneer spirit of his parents, who figured among the first settlers in their section of the state. Thus

the boy lived in a world where the body must be trained to meet every demand of a hard, unyielding, daily existence. Physical activity of every sort was essential to the making and sustaining of a home. Each member of the family carried his share of the burden. All were uncommonly sturdy and well.

Since that day Judge Gary has never permitted these early, unconscious lessons in physical well-being to relax their hold on him. To-day, at 79, he illustrates with good effect the benefits of having followed consistently a regular, though never extreme, programme of exercise, together with proper rest, proper diet, and so on.

According to Miss Tarbell, Judge Gary, in his own words, was given "strength, vigor, courage, confidence in himself" as the result of his early and later training.

The traditional argument of the man who does nothing to keep physically well-balanced, his plea of "I can't find the time," has grown familiar to everybody. But the men who have solved the problem of living a long life seem to have done so by making as much of a business of health as of their "careers." This has not been done by setting out mechanically to fulfil a tiresome duty in achieving physical fitness, but by combining the pursuit of it with recreation. Medical men plead for the adoption of this principle. To derive the fullest benefit, they say, the individual must forget himself, must live for a time in an imaginary world outside the one through which he moves every day. Action must be directed into forms in which self-consciousness is allowed to slip away and in which a consciousness of action is absent also. In "Byways to Health," a recent book written in an amusing and anecdotal vein by two prominent physicians, the man who is always "too busy" finds his alibis and arguments good-naturedly demolished until not a shred remains. The authors do, however, deplore the idea of "over-doing it" quite as much as the failure to try at all. It is fully as dangerous, to their view. The "happy medium," the middle ground, affords the safest course in this, as in everything else life offers.

Yet, first of all, it is wise to pause for the sake of a little "stock-taking." Self-inventory, with an eye on the future, will suffice to show most of us whether we are attempting too much, too little, or managing rationally to avoid either extreme. Drs. Wood and Dansill, the authors mentioned above, tell the story of a small and frightened southern dandy who awoke abruptly from sleep in a northern church, calling "Wha' am I at?" When he did so, "he asked a question which every one interested in health and happiness might well ask himself. Upon the answer to this question, in its relation to a wholesome use of leisure time, partly depends the presence or the absence of stress and tension."

## POISONING AMONG CHILDREN

A recent statistical bulletin issued by the Metropolitan Life Insurance Company deals with the matter of poisoning among children. In 1924 there were recorded 70 deaths among children one to four years of age insured in the Industrial Department of the Company from such accidents. The facts and deductions are of such interest that they are reproduced for the information of readers of the Journal.

"Definite information regarding the type of poisonous compound was reported in 57 of these 70 instances. No less than 14 different types of poisons were ingested by these children. Strychnine compounds accounted for 24 deaths. This was followed in order of numerical importance by lye and other alkalies with six deaths; fireworks, five deaths; exterminators, largely arsenic, five deaths; and petroleum oils (kerosene and gasoline), three deaths. Other compounds represented were lysol, cresol, carbolic acid, methyl salicylate, furniture and brass polish, arsenic compounds, acids, ammonia, and potassium silver cyanide.

It is truly astonishing to find so many deaths from strychnine poisoning, indicating that this cause, though perhaps not the commonest type of poisoning found among children, is certainly the most important from the standpoint of fatality. From the information available regarding these deaths, it appears that cathartic pills, containing strychnine, and left within the reach of children, were among the most important sources of poisoning. There were seven deaths of this type reported. The only other important compound mentioned was tonics, from which there were three deaths reported. Whether the tonics were given to the children or were taken accidentally is not indicated. In the other instances no mention is made of the types of the compounds; but it may well be presumed that they would fall largely in two classes: tonics and cathartics. Analysis of the deaths by geographical location shows that all sections of the United States and Canada are represented, including urban and rural districts.

There is every reason to believe from this evidence that the dangers of strychnine compounds are not generally appreciated. Their deadly character should be made known to all parents. More effective measures should be taken to call attention to the danger by placing more striking labels and warning signs on the containers for drugs containing strychnine. These figures are so significant as to warrant investigation by health officers into conditions in their localities. Possibly such highly poisonous drugs should be procurable only on a physician's prescription."

A further bulletin issued by the same Company gives striking information as to the menace of fatal accidents in general among children, to which reference will be made later. Health officers should make it their business to put the facts as to these hazards of childhood in the hands of all parents.



